

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101560579

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/			51					
2		/		/		/		52					
3				/		/		53					
4		/		/		/		54					
5				/		/		55					
6				/		/		56					
7				/		/		57					
8				/		/		58					
9	/		/		/			59					
10		/		/		/		60					
11		/		/		/		61					
12		/		/		/		62					
13				/		/		63					
14				/		/		64					
15				/		/		65					
16				/		/		66					
17				/		/		67					
18				/		/		68					
19				/		/		69					
20				/		/		70					
21				/		/		71					
22				/		/		72					
23				/		/		73					
24				/		/		74					
25				/		/		75					
26				/		/		76					
27				/		/		77					
28	/		/		/			78					
29				/		/		79					
30	/		/		/			80					
31	/		/		/			81					
32				/		/		82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			6		6			TOTAL IND.					
TOTAL DEP.			26		25			TOTAL DEP.					
TOTAL CLAIMS			32		31			TOTAL CLAIMS					